

“FROM MY OWN PERSONAL LIFE”: AN ORAL HISTORY OF
ABSTINENCE-FOCUSED SEX EDUCATION IN TEXAS

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ABSTRACT

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This thesis will explore the recent history of abstinence-focused sex education in Texas public schools through interviews with former students and educators from Texas. It traces the history of sex education in public schools in the United States from the late 19th century to the present, paying particular attention to the developments in federal policy towards funding abstinence-only sex education since the 1980s. It then lays out the relevant portions of the law in Texas, and the political debates surrounding the creation of those laws. It then presents interviews with students, educators, and advocates who have experience relevant to the topic of abstinence-focused sex education in Texas public schools. These interviews are then used to build an understanding of the impact of abstinence-focused sex education on students as well as the positions of those individuals in support of and against abstinence-only sex education in Texas public schools. Through conducting and analyzing these interviews this thesis provides a meaningful contribution to the discourse surrounding the impact and efficacy of sex education messaging that is focused around the ideal of abstinence.

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Introduction: Abstinence “from my own personal life”

In 2010, the editor of the Texas Tribune, Evan Smith, interviewed then governor of Texas, Rick Perry. Perry, when presented with the fact that Texas, at the time, had the third highest teen pregnancy rate in the country, responded simply, “But abstinence works”. When Smith asked “Can you give me a statistic suggesting that?” Perry stuttered for a moment, and then retorted, in a clip that would resurface and go viral during his 2012 presidential campaign, “I’m just going to tell you, from my own personal life, abstinence works.”

Does abstinence work? As it turns out, it depends. As a strategy for avoiding pregnancy, abstinence is undoubtedly effective. Its proponents are quick to cite it as the only method of birth control with a 100% success rate. But when one attempts to evaluate the efficacy of abstinence as a central and guiding principle of sexuality education in the modern United States, the waters are somewhat muddier.

Sex education is a notoriously difficult subject for legislators, parents, and students to navigate. This attempted remedy to the public health issues of unplanned pregnancy and STI rates in youth is fraught in a way no other public health issue is. All parties involved can agree that they want their children and the country’s youth in general to be well-equipped to lead healthy, responsible lives and to avoid the often unpleasant and costly ramifications of unrestricted sexuality. However, when it comes to the method of equipping said children, however, there is much disagreement; there are valid concerns over the amount and nature of information that ought to be imparted to school-aged individuals, the majority of whom are under the age of consent.

Defined as “the provision of information about bodily development, sex, sexuality, and relationships along with skills-building to help young people communicate about and make

informed decisions regarding sex and their sexual health;”¹ **sex education** is an attempt to influence young people to make responsible choices in their sexual behavior. Those who believe that the best strategy for this type of education is to give children as much thorough, accurate information as possible champion **comprehensive** sex education. Comprehensive sex education emphasizes contraceptive strategies in an attempt to ensure that all students are knowledgeable about them and able to use them consistently and correctly when and if they choose to be sexually active. **Abstinence-plus** sexuality education includes “information about condoms and other forms of contraception and prevention of STIs in the context of strong abstinence messages,”² and is in many ways similar to comprehensive sex education. **Abstinence-only** sex education censors all instruction regarding contraception and teaches “abstinence as the only morally correct option of sexual expression for teenagers.”³

Comprehensive sex education is taught with the aim of equipping students with the knowledge and skills to experience sexuality in the healthiest way possible. This model presumes that sexuality is an expected part of a young person’s social development, and sees the diversion of resources to reinforce avoiding sex as futile. It does not morally condemn teen sexual activity and attempts to give teens the most complete toolkit possible to avoid the risks of sexual activity.

Abstinence-only-until-marriage (AOUM) is a model of sex education in which the primary intention is to impress upon students that the only viable option for avoiding the unwanted consequences of sexual activity is to avoid sex altogether until marriage. It is often

¹ Emily Bridges and Debra Houser, Advocates for Youth “Youth Health and Rights in Sex Education,” *Future of Sex Education*. (2014)
<http://www.futureofsexed.org/youthhealthrights.html>. Accessed March 15th, 2017.

² Texas Freedom Network, *Conspiracy of Silence: Sexuality Education in Texas Public Schools*. (2017) 8.

³ *Ibid.*

imbued with implicitly religious values, communicating that sexuality is inherently dangerous and that abstinence will preserve a young person's purity. For those who support AOUM, the physical health of students is not the only thing at stake when discussing their sexuality. AOUM posits the vulnerability of their moral (and often spiritual) life.

There is an assumed relationship between the more socially liberal political left and support for comprehensive sex education and the more socially conservative political right and support for abstinence-only sex education. Vehement supporters of either extreme are quick to condemn the alternate strategy as irresponsibly ineffective and hopelessly misguided. Those who favor comprehensive education disdain abstinence-only approaches as disingenuous, inappropriately moralizing, and unrealistic in promoting a standard of teenage sexuality to which studies have shown few teens actually adhere. Those who favor abstinence-only attack comprehensive education on the grounds that the latter encourages students to engage in risky behaviors by validating their sexual activity, exacerbating the very problems it ought to be preventing.

The conflict is over opposing values; is sexual activity in a person's youth a normal, natural part of their development or not? There is no objectively correct answer to this question, but there are objective measures of the efficacy of sex education. One set of measurements pertains to behavior patterns among students: 1) age of initiation of sexual activity, 2) number of sexual partners, and 3) condom and other contraceptive use.⁴ An effective sex education program will generally raise the age at which students begin sexual activity, decrease the number of sexual partners a student will have in their lifetime, and increase proper use of contraceptives

⁴ Patrick Malone and Monica Rodriguez, "Comprehensive sex education vs. abstinence-only-until-marriage programs" *Human Rights* 38, no. 2 (Spring 2011) 7.

when a student chooses to be sexually active. Another set of measurements is concerned with rates of teen pregnancy and STIs; if these rates are lower after a population has received sex education than they were before, then sex education is considered successful. The latter set of measures, while valuable, is rarely presented with any nuanced consideration of factors like class, race, or gender in the debate surrounding sex education.

In addition to the above metrics of success or failure of sex education, it is valuable to examine the qualitative impacts that sex education has on the students and educators who experience it. Sex is a complicated topic to navigate, and exists within and outside of scientific, moral, and personal spheres. Objectivity about sex is well nigh impossible, and it follows that objectivity about sex education methods is just as unachievable. My own experiences with sex education and interest in understanding the lived experiences of Texans like myself who have interacted with the shifting legislative landscape and its impact on classrooms and lives led me to use the methodology of oral history to understand this topic. My time was limited and my sample small, and so I do not claim to present something representative of the entire state of Texas or to make any statistically significant claims about the state of abstinence education. Rather, this thesis presents an attempt to understand the conclusions that can be drawn from a small, focused study of students and instructors.

Chapter 1 of this thesis will provide a brief overview of the history of sex education in the United States, from the late nineteenth century to the present. Chapter 2 will consider the recent history of sex education in the state of Texas, with special attention to legislation and the relationship between politics and abstinence. Chapter 3 will provide an explanation of my oral history method, including a description of my interview instrument. Chapter 4 will consist of the oral history itself, presenting the anonymous statements of the interview subjects alongside recent

literature about sex education in Texas. Chapter 5 will lay out the conclusions that I have drawn from my analysis of the oral history, in addition to a look towards what improvements could be made to Texas' sex education landscape in the future.

Chapter 1: The History of Public School Sex Education in the United States

No consensus exists today as to whether or not the public school system has a responsibility to educate the youth in their charge in the fraught field of human sexuality. The topic of public sex education has long been controversial, and its history is as nuanced as the current debate. Both sides agree that sexual behavior has the potential to incur such serious consequences as unwanted pregnancies and the transmission of disease, and that young people should be protected as much as possible from these consequences. In addition to shielding the young, sex education has the same goal as all education – to instill knowledge and habits in the young that they will carry throughout their life, thereby mediating the negative effects associated with a lack of education. Disagreement focuses on *how* young people ought to be protected and precisely *what* they need protection from. Is knowledge power, or is ignorance bliss? Are the greatest risks of sexual activity financial and physical, or moral and spiritual? Should abstinence prevail as the main message of sex education curricula, or should comprehensive sex education become the standard method of preparing young people to lead healthy and responsible sexual lives? The definition of “healthy and responsible sexuality” is highly subjective and varies significantly across time and space. Sex education methods and the surrounding conversations have changed with society; in this chapter I will give a brief overview of the recent history of sexuality education in the United States.

The narrative of public sex education in the United States does not have a single, discrete, “once upon a time” from which historians can work forward. For my purposes, it is useful to begin in the mid-to-late nineteenth century, with a consideration of Victorian-era sexual mores,

which have “long been [synonymous with] a harsh and repressive sexual puritanism.”⁵ As Weeks points out, this is an oversimplification that leaves much to be desired in understanding the complex and dynamic interactions between gender, class, race, and religion with regards to sexuality in this period,⁶ but it is nonetheless a useful starting point for our story. To the “respectable” Victorian, sex was a private matter, belonging exclusively in the private arena between man and wife. As Degler aptly explains, the popular understanding that “the nineteenth century was afraid of sex, particularly when it manifested itself in women” is based on a historical tradition that assumes the “excessive gentility of the middle class” signaled a broad and pervasive societal “hostility toward sexuality.”⁷ In addition, many of the sources cited as evidence of the repressive ideology that permeated thoughts about sexuality at the time (such as medical advice books by physicians like William Acton) were “reformist and normative, not simply scientific and logical” and existed in conversation with less restrictive opinions about the proper place, function, and nature of sex.⁸

Additionally, the Victorian “age of the child” established a new importance for the category of “child” as apart from infancy or adulthood. The crusades against child labor in England and the United States in the nineteenth century were an expression of the growing sentiment that children were not, as Prince Albert said, “part of [a man’s] productive power,” but a separate category of person, filled with potential and innocence.⁹ This new concept of

⁵ Jeffrey Weeks, *Sex, Politics and Society: The Regulation of Sexuality since 1800* (New York: Longman Inc., 1981), 19.

⁶ *Ibid.*

⁷ Carl Degler, “What Ought to Be and What Was: Women’s Sexuality in the Nineteenth Century,” *American Historical Review* 79, no. 192 (1974), 199.

⁸ Degler, “Women’s Sexuality in the Nineteenth Century” (1974) 200.

⁹ Marah Gubar, “The Victorian Child c. 1837-1901,”
http://www.representingchildhood.pitt.edu/pdf/victorian_child.pdf.

childhood was complicated; it created two models of child morality centered on sexuality. Either children were pure, preLapsarian, and completely asexual, or they were inherently sexual, full to the brim with original sin in religious terms or with what Freud would later term sexual impulses. In either case, masturbation in children was extremely troubling to the adults charged with their care. Masturbation carried its own hefty stigma, and was considered a disease for much of the nineteenth century.¹⁰ Sexuality in the Victorian era, as now, was not divorced from the complexly interacting axes of race and gender, as many historians emphasize in their work (Weeks, etc). For instance, class concerns were reflected in the fear that otherwise pure upper-class children would be corrupted by the household servants and taught to masturbate and more. Within the second framework, in which children were constituted by uninhibited original sin, masturbation was vehemently discouraged through punishment and restraint. In either case, no sooner was the concept of the child created than the need for protecting and controlling child sexuality became a primary concern of the era's prescriptive reformists and moral crusaders. It is no coincidence that this period also saw education institutions growing in number and importance, securing their persisting place as a defining feature in the lives of American young people.

In addition to defining childhood, the Victorian era established the modern conception of the family and "its peculiar importance in the surveillance, and control, of sexual behavior."¹¹ Intractably tied to the centrality of the family in controlling sexuality is the importance of respectability, the family's need to be perceived by the outside world as "morally upright."¹²

¹⁰ H. T. Englehardt, "The Disease of Masturbation: Values and the Concept of Disease," *Bulletin of the History of Medicine*, (1974), 234.

¹¹ Weeks, *Sex*, 25.

¹² Nicola Beisel, *Imperiled Innocents: Anthony Comstock and Family Reproduction in Victorian America*. (Princeton University Press, 1998), 61.

Expectations of sexual behavior were specific to the class, race, and sex of the person or people in question – the standard of behavior was different for different demographic groups. The Victorian era's growing middle class, in line with the Christian tradition,¹³ professed an ideal of sexual continence as the only morally upright way of engaging with sexuality. The ambitious among the lower classes might try to adhere to that standard to appear worthy of the benefits that they were habitually denied. As such, in heavily Christian America, sexuality was permissible only within holy matrimony and for the purposes of procreation.

At no point in history have the strictures of the Church been perfectly followed, however, and the established rule for virtuous sexual behavior was broken as often then as it is now. In particular, Christian philosophy was unevenly enforced, such that society demanded total sexual continence in order for women to be considered virtuous, while allowing men to exercise a great deal more sexual freedom. In this context (and in many contexts preceding it) abstinence from sexual activity was the desired norm before marriage, especially for women. The confluence of society and biology has continually burdened women with direr consequences for sexual incontinence; unruly women throughout history have been punished with societal and physical burdens for bearing children outside of marriage, diagnoses of madness or other pathologies as a result of expressed sexual desire, and in some cultures even honor killings.

While unrestrained female sexuality had the potential to cause catastrophe, male sexuality did not need to be as strictly controlled. Prior to genetic paternity tests, fathers could deny their children, but mothers had no such luxury. In spite of this double standard, the prevailing notion of Victorian sexuality popularized in many advice manuals was one of repressing the sexual instinct in both men and women. William Acton's *Function and Disorders of the Reproductive*

¹³ Weeks, *Sex*, 22.

Organs, originally published in England and appearing in several editions in the United States, claimed that “the majority of women (happily for them) are not very much troubled with sexual feelings of any kind” and recommended to his audience that “sexual appetites must not be fostered; ... self-control must be exercised.”¹⁴ American John Kellogg was influenced by Acton’s sexual philosophy. His *Plain Facts for Young and Old* urged readers to “accept the truth which nature seems to teach, which would confine sexual acts to reproduction wholly.”¹⁵ Later in the 19th century, the ideal of sexual continence was expressed in terms of the “health” and “hygiene” of society in general.

Towards the end of the 19th century and at the beginning of the 20th, groups like the American Social Hygiene Association, established in 1914, began to organize around the perceived necessity of social hygiene. Accompanying this recasting of sex as a locus of societal wellbeing was the growing popularity of eugenic thought¹⁶. Sexuality was an instrument for propagating the race, and eugenics was explicitly concerned with ensuring ideal propagation. Eugenics, in its quest to increase the proportion of desirable heritable characteristics in the human population, was intrinsically tied to some of the earliest movements in favor of widespread birth control. The Birth Control League, founded by Margaret Sanger in 1921, professed two goals in its work: first, the members presented birth control as a method of liberating women from the relative slavery of perpetual pregnancy in marriage and the sexual double standard; second, birth control for the masses would limit the reproduction of the poor

¹⁴ William Acton, *Functions and Disorders of the Reproductive Organs in Youth, in Adult Age, and in Advanced Life: Considered in Their Physiological, Social, and Psychological Relations* (1857) cited in Degler (1974).

¹⁵ John H. Kellogg, (1879) 252.

¹⁶ Philippa Levine, *Eugenics: A Very Short Introduction* (New York: Oxford University Press, 2017).

and the otherwise unfit in order to slow the degeneration of the human race that eugenicists saw in the rapid growth of the working class in the late 19th and early 20th centuries.¹⁷ The Birth Control League's efforts to inform women about the biology of human sexuality in addition to methods of controlling the fertility of the poor often mirrored the class anxieties of the time, but that does not erase the merit of their work.

In addition to concerns about the overall fitness of the human race and women asserting control over their reproduction, the early 20th century saw growing anxiety at rising venereal disease rates. With the outbreak of World War One, the perceived epidemic became a prominent public issue. Soldiers faced not only the threat of the enemy and its weapons but also the threat of debilitating illnesses as a result of the expected dalliances of young men in extreme circumstances far from home. Concerned that its soldiers, left uneducated, would render themselves useless through reckless sexual behavior, the United States government entered the fraught realm of providing explicit sexual education for its citizens for the first time.¹⁸ The perceived immediacy of the threat justified the likely discomfort surrounding the public discussion of sexual behavior. The U.S. government declared an offensive against venereal disease, implemented mainly through legislation that restricted the movement of prostitutes.

The Chamberlain Kahn Act of 1918 gave the government the right to forcibly detain, quarantine, and examine any woman suspected of carrying a venereal disease. In addition to targeting populations that were considered more likely to be sexually unruly and therefore more prone to venereal disease, the government made a partnership with the American Social Hygiene

¹⁷ Ellen Chesler, "Margaret Sanger: The Other Side of the Story" (2010).

¹⁸ Michael Imber, "The First World War, Sex Education, and the American Social Hygiene Association's Campaign Against Venereal Disease" *Journal of Educational Administration and History* 16 (1984) 47.

Association. The explicit purpose of the ASHA was to fight venereal disease through educational initiatives. The government's interest and support for their initiatives "led to a vast expansion of the resources and respectability"¹⁹ that the ASHA could utilize.

In the late 1920s, American universities offered courses for their students which provided instruction for "marital life." The most famous of these courses was the one taught by Alfred Kinsey at the Indiana University in 1938. The course and Kinsey's interest in studying sexuality were controversial, and Kinsey is often depicted as possessing an "overripe obsession with sex."²⁰ These marriage courses may have been a reaction against the perceived loosening of moral standards in the 1920s and 30s – an attempt to reestablish a familiar order and structure to social life. The 1920s brought about a slew of changes to the traditional dynamic of marriage – "woman suffrage, the increasing popularity of Freudianism, public debates over birth control (and thus the separation of sex from procreation), an increasingly visible youth culture, and the rise of ... 'companionate marriage' [in which] romantic love and sexual congruence took priority over financial stability and family background."²¹

The perils of venereal disease in World War One brought the issue of sex education into the mainstream of American society in the early 20th century. The government's support validated the efforts of those who, like the ASHA, promoted an education program in public schools with the goal of preventing sexually risky behavior in young Americans. By the middle of the century, after the Great Depression and involvement in another world war, some form of sex and relationships education became a fixture of the American high-school curriculum.

¹⁹ *Ibid.*

²⁰ James H. Jones, *Alfred C. Kinsey: A Public/Private Life* (New York, 1997), 170.

²¹ Donna J. Drucker "“A Noble Experiment”: The marriage course at Indiana University, 1938-1940" *Indiana Magazine of History* 103, Issue 3, (2007)

However, these forms of instruction were not introduced with the implicit goal of controlling the fertility of certain groups, as the Birth Control League had aimed to do. They were also not intended to prevent the spread of venereal disease, like the ASHA's campaigns. These mid-century high school courses rarely included biological or anatomical instruction. Instead, they focused on reinforcing the contemporary cultural expectations for proper behavior in heterosexual relationships. These courses were explicitly concerned with teaching students the skills they were supposed to need in order to find a husband or wife²². The instruction of the 1940s and 1950s was prescriptive and normative, reinforcing traditional gender roles and establishing a standard for courting etiquette among the youth of the time.

The sex education instruction of the 1940s and 1950s emerged in a socially conservative milieu and was centered on monogamous, heterosexual relationships but in the 1960s, sex underwent a radical transformation. The birth control pill was first approved by the USDA in 1960, and its introduction transformed the abilities of a woman to determine if and when she would bear children.²³ With the widespread availability of birth control, as well as the legalization of abortion in 1973, women in the United States experienced a period of heightened sexual liberalism. Arguably for the first time, women were free to reject the sexual double standard and adopt sexual behaviors that were historically sanctioned only for men. Many of the sex education materials of the time reflected a sexual liberalism that began to permeate the young, urban, educated elite.²⁴ However, there was a conservative countermovement that was

²² Susan Freeman, *Sex Goes to School: Girls and Sex Education before the 1960s* (Urbana and Chicago: University of Illinois Press. 2008).

²³ Andrea Tone, *Devices and Desires: A History of Contraceptives in America* (New York: Hill & Wang, 2002).

²⁴ Mirk, Sarah "The Dramatic History of American Sex-Ed Films," *Bitch Media* (2014) <https://www.bitchmedia.org/post/the-surprising-history-of-american-sex-ed-films> Accessed April 12th, 2017..

appalled by the license that the youth of the 1960s and 1970s dared to take with their sexual behavior. In particular, the legalization of abortion spurred the creation of single-issue political groups that have persisted to the present day and push for the overturn of *Roe v. Wade*. Socially conservative groups have framed their advocacy as a “fight against abortion, gay rights, sex education and Planned Parenthood,” painting all movements and groups that they viewed as encouraging sexual liberalism with the same broad brush. The likes of the John Birch Society and the Christian Crusade attacked sex education on the grounds that it encouraged immorality.²⁵

Following the conservative pushback that accompanied the so-called “Sexual Revolution” of the 1960s and 1970s, a series of challenges reinvigorated the debate surrounding sex education in American public schools. The AIDS/HIV crisis took a grim toll on the marginalized gay population of the United States in the 1980s. However, it was only in the early 1990s that it became a concern for the largely heterosexual public, after the famous heterosexual basketball player Magic Johnson announced in 1992 that he had contracted HIV. The AIDS crisis introduced a shift in rhetoric that framed sex education as helping to prevent the contraction of HIV/AIDS, a novel and terrifying consequence of irresponsible sexual activity. Premarital and/or unsafe sex was no longer just socially and economically dangerous: it was a matter of life and death. The rhetoric of danger and irreparable consequences of sexuality has great staying power; many of today’s sex education students receive messages framing the indulgence of sexual feelings as putting oneself into mortal (as well as moral) peril.²⁶

²⁵ Peter Scales, “Sex Education in the ‘70s and ‘80s: Accomplishments, Obstacles and Emerging Issues” *Family Relations* 30, no. 4, (1981), 557-566.

²⁶ Texas Freedom Network. *Just Say Don’t Know: Sexuality Education in Texas Public Schools* (2009).

As the prevailing cultural attitudes surrounding sex and sex education have shifted throughout American history, so has the government's relationship to sex education. The late twentieth century saw the establishment of streams for federal funding for abstinence-only sex education, which incentivized schools to adopt an abstinence-only message in order to receive federal grants. Such legislation has also raised questions of the relationship between abstinence and religion. Opponents argue that the federal government's support of abstinence-only sex education is a violation of the Establishment Clause of the Constitution, which disallows congress from making any "law respecting an establishment of religion." If abstinence-only-until-marriage sex education is intrinsically tied to religious (specifically Christian) values, then federal support for this form of education is a violation of the Establishment Clause. While no judicial decisions have been made about the constitutionality of funding abstinence education, opponents state that the government's endorsement of abstinence is tantamount to an endorsement of the Christian faith and a prescription of its values onto all American youth.

In 1981, with the passage of the Adolescent Family Life Act (Title XX of the Public Health Service Act), the Reagan government officially endorsed abstinence until marriage as the preferred message of sex education in American public schools. This program established the first pipeline of federal funds to programs providing abstinence-only sex education. The AFLA continued to funnel federal funding to abstinence-only education for almost 30 years – fiscal year 2010 was the first in which AFLA received no funding.²⁷

15 years after the AFLA was passed, the Clinton administration passed the Temporary Assistance for Needy Families Act (better known as Welfare Reform). Title V, Section 510(b) of

²⁷ SEICUS, "A history of federal funding for AOUM programs"
<http://www.siecus.org/index.cfm?fuseaction=page.viewpage&pageid=1340&nodeid=1> accessed March 20th, 2017.

the Social Security Act established a new pathway for federal funding for abstinence-only-until-marriage sex education programs. This act is sometimes referred to as “A-H,” after the 8-point definition of:

“The term ‘abstinence education’ means an educational or motivational program which:

- a) Has as its exclusive purpose teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;
- b) Teaches abstinence from sexual activity outside marriage as the expected standard for all school-age children;
- c) Teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;
- d) Teaches that a mutually faithful monogamous relationship in the context of marriage is the expected standard of sexual activity;
- e) Teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;
- f) Teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child’s parents, and society;
- g) Teaches young people how to reject sexual advances and how alcohol and drug use increase vulnerability to sexual advances, and
- h) Teaches the importance of attaining self-sufficiency before engaging in sexual activity.”²⁸

The language above was a provision introduced to the Senate in 1995 by Senators Rick Santorum (R-PA) and Lauch Faircloth (R-NC), and the phrasing used was influenced by family groups like the Heritage Foundation. The definition they used excluded providers of “abstinence-plus” education from receiving federal funding, as it required programs to have the promotion of abstinence outside of marriage as their exclusive purpose. It also required that sex education programs funded by the federal government discuss contraceptive methods only in terms of their failure rates. The 1996 welfare reform act included the above language as part of a conservative attack on birth out of wedlock. This attempt at legislative prevention of illegitimacy was due to conservative fears of single mothers taking advantage of the welfare system, and it reflects a

²⁸ Section 510(b) of Title V of the Social Security Act, P.L. 104-193.

classism and racism that continues to permeate discussions of state assistance for the impoverished. The Republican party secured major gains in the 1994 midterm elections, and were able to push through more conservative legislation than one might have expected during the Clinton Presidency.²⁹

Section 510(b) of Title V of the Social Security Act, the Maternal and Child Health Services Block Grant, provides a framework for defining and understanding exactly what the government considers abstinence education to be. It also makes explicit the normative expectations that motivate the government's concern with teenage sexuality; namely, that monogamous heterosexuality is the only appropriate outlet for sexual desire and that deviance from that standard is harmful to individuals and to society. Under this legislation, \$50 million in federal funds have been allocated annually towards abstinence education. In the 21 years since the law was passed, all states except California have accepted this funding at one time or another.³⁰ Notably, California has a significantly lower teen birth rate than Texas and other states that have continually accepted abstinence-only funds from the federal government.³¹

Under President Obama's administration, federal funding for abstinence education decreased but did not come to a halt, although the administration did show considerably greater support for comprehensive sex education than had preceding administrations. In fiscal year 2016, \$85 million total in federal funds was spent on promoting abstinence, representing a considerable

²⁹ Ron Haskins and Carol Statuto Bevan, "Abstinence education under welfare reform," *Children and Youth Services Review*, 19, no. 5/6 (1997) 465-484.

³⁰ SEICUS, "A history of federal funding for abstinence-only-until-marriage programs" <http://www.siecus.org/index.cfm?fuseaction=page.viewpage&pageid=1340&nodeid=1> Accessed March 20th, 2017.

³¹ California's teen birth rate is 19 births per 1,000 girls; Texas' teen birth rate is 34.6 births per 1,000 teen girls. The National Campaign to Prevent Teen and Unplanned Pregnancy "National & State Data" (2015). <https://thenationalcampaign.org/data/state/texas>
<https://thenationalcampaign.org/data/state/california> Accessed April 19th, 2017.

drop from the \$176 million in total spent in fiscal year 2006.³² For fiscal year 2017, President Obama's final federal budget proposed eliminating the authorized \$75 million in Title V grants for abstinence-only education.³³ While the Obama administration worked to lessen the government's support for abstinence-only sex education, it is unclear what the relationship between the federal government and sex education will be in the future. The current administration and the strength of the Republican party within the legislature suggest a possible reversal of President Obama's anti-abstinence efforts.

Today, less than 50% of U.S. states mandate sexual education for students in their public schools. Only 13 states require that sex education, if it is taught at all, be medically accurate. 27 states require that abstinence be stressed, if sex education is provided. 19 states require that the curriculum stress that sex is only appropriate in the context of heterosexual marriage. In the state of Texas, sex education is not mandated by the state legislature, and there are no requirements that sex education curricula must be either medically accurate or culturally appropriate and unbiased. Additionally, in Texas, there is no legislation prohibiting sex education from promoting a religious viewpoint.³⁴

Disagreement over the proper content and method of conveying content about sexuality in the classroom has existed since the ASHA began encouraging public schools to educate their students about venereal diseases in the early 20th century. The disagreement over sex education's proper form and place has changed over time; from moralizing Victorian sexual mores through early 20th century efforts to control venereal disease, to midcentury courtship courses and the

³² <http://www.advocatesforyouth.org/publications/publications-a-z/429-the-history-of-federal-abstinence-only-funding>

³³ <http://www.siecus.org/index.cfm?fuseaction=Feature.showFeature&FeatureID=2438>

³⁴ <https://www.guttmacher.org/state-policy/explore/sex-and-hiv-education>

sexual revolution's freedom, to the HIV/AIDS crisis instilling sex with real and extreme danger. Today conservative political maneuverings promote abstinence as the main form of sexuality education in the country. Texas, a conservative bastion, has embraced abstinence. The arguments for and against different forms of sex education at different times have always been fraught with moral judgements and cultural assumptions about class, gender, and race. The current climate surrounding sex education is not novel; it is preceded by more than one hundred years of controversy.

Chapter 2: A Recent History of Sex Education in Texas

The Lone Star State has long cultivated itself as a distinctive feature of the American landscape. Second in both population and land area to California, Texas is home to a history and character that separate it in many ways from the rest of the country. The website sponsored by the Texas Office of the Governor, Economic Development, and Tourism entices tourists to visit Texas' bountiful charms with the tagline "It's like visiting a whole other COUNTRY!"³⁵ Indeed, many Texans take considerable pride in the cultural singularity of their state. Texas' history of six national flags, its melding of Mexican, native, and frontier cultures, and its geographic area and variation are a few contributing factors that have shaped Texan identity and independent culture. Due to its size and position as "the epicenter of the conservative movement," Texas politics has far-reaching consequences, not least in the realm of education and sex education in particular.³⁶

I.

Texas has a long history of cultural conservatism.³⁷ An important factor contributing to that history is the religious makeup of the state since its admission to the United States in 1845. Throughout its history, Texas has been dominated by Christian Evangelicals of one kind or another. When the region was a province under Mexican control the prevailing religion was Roman Catholicism. When Anglo settlers from the United States were allowed to populate the vast region in 1821, they were required to denounce their Protestant roots and convert to

³⁵ www.traveltexas.com.

³⁶ Balz, Dan "Texas has become the epicenter of conservative movement" in *The Washington Post*, Sep 20th, 2014. https://www.washingtonpost.com/politics/texas-has-become-epicenter-of-conservative-movement/2014/09/20/71678e12-410f-11e4-a430-b82a3e67b762_story.html?utm_term=.347bc240ea68.

³⁷ *1998 Almanac of American Politics*.

Catholicism. After Texas won its independence from Mexico in 1836, a great number of Protestant missionaries rushed to the new republic. A healthy competition for the immortal souls of Texans took place between missionaries of different denominations and the already established ministers of the Catholic faith, with the Protestants ultimately enjoying the widest success by the close of the nineteenth century. By 1870, evangelicalism enjoyed a privileged position in Texas' religious landscape. By 1890, Texas was "a veritable evangelical fortress" with the strength of its Baptist and Methodist churches.³⁸

As evangelicalism flourished in Texas, religious diversity waned. A hefty majority of Texans who were religious belonged to Baptist or Methodist congregations throughout the late nineteenth and early twentieth centuries.³⁹ Despite limited options, the faith community in Texas grew considerably throughout the twentieth century; 40% of Texans acknowledged an explicit affiliation with organized religion in 1916, growing to 56.2% in 1970 and fluctuating very little since.⁴⁰ Protestant evangelicalism may have dominated Catholicism from the Reconstruction era into the twentieth century, but the religious landscape of modern Texas has seen a resurgence in the prevalence of the Catholic faith. This is largely attributed to increased rates of Mexican immigration into Texas in the latter part of the twentieth century.⁴¹ Texas is currently a mostly Catholic state, with Southern Baptists holding the second largest statewide congregation.⁴²

³⁸ Pritchard, Linda K. "A Comparative Approach to Western Religious History: Texas as a Case Study, 1845-1890" *Western Historical Quarterly* 19(4) 421.

³⁹ *Ibid*, 423.

⁴⁰ Johnson et al, *Churches and Church Membership in the United States, 1971* (Washington, D.C.: Glenmary Research Center 1974)191, Quinn et al, *Churches and Church Membership in the United States 1980* (Atlanta, GA: Glenmary Research Center 1982)25, Jones et al, *Religious Congregations and Membership in the United States, 2000* (Nashville: Glenmary Research Center, 2002, 1, 38.

⁴¹ Storey, John W. "Pagodas amid the Steeples: The Changing Religious Landscape" in *Twentieth Century Texas* 2008.

⁴² Jones, *Religious Congregations*, 38.

In spite of Texas' long history of domination by largely conservative religious denominations, the particular fervor of conservative thought in Texas is a relatively recent development, and cannot be attributed solely to the prevalence of Christian evangelism or Roman Catholicism. Central to Texas' conservatism is the relationship between the Christian Right and the Texas GOP that was cemented in the early 1990s. To the likely surprise of young adult Texans who came of age in a state whose political landscape was totally dominated by the GOP, a 1993 poll found that Planned Parenthood, a longtime target of socially conservative legislators and lobbyists that is currently under increased fire from the Right, was the most well-liked "special interest" group in Texas, beating out the NRA.⁴³ After that poll was conducted, the Texas GOP experienced a massive and sustained growth in power; 1994 yielded the election of Republican Governor George W. Bush, by 1996 the GOP had control of the State Senate, and by 2002 the GOP took the State of Representatives. No Texas Democrat has won a statewide election since 1994.⁴⁴

As the GOP gained power in Texas, the Christian Right was becoming cohesively organized and politically active in the state on a wider scale than ever before. In particular, the Christian Right proved more effective than the Texas GOP at rhetorically attacking the "Robin Hood" school funding scheme implemented in the early 1990s, according to Kincaid. Right-wing politicians enjoyed success "in capturing public outrage over Robin Hood by deploying longstanding Christian Right narratives on education that framed conservatism as an ideological defense for embattled middle-class whites, victimized at the hands of an out-of-control liberal

⁴³ "A Look at Special Interest Groups," *Harte-Hanks Texas Poll* 10, no. 2 (San Antonio, TX: Harte-Hanks Communications, 1993).

⁴⁴ Kincaid, John D. "The Rational Basis of Irrational Politics: Examining the Great Texas Political Shift to the Right" *Politics & Society* 44, no. 4 (2016).

elite bent on spreading multiculturalism.”⁴⁵ This victory in rhetoric has yet to succeed in eliminating the offending policy from Texas law, but it has created a political dynamic in which the only successful strategy is moving ever farther to the right by “simply embolden[ing] challengers to the new Republicans *from the right*.”⁴⁶

The relationship between abstinence-only sex education and the Christian Right (which invariably backs the Republican party) is in some ways obvious. The Christian Right supports the prohibition of sexual activity outside the marital bed as a specifically Christian value. However, there is another “longstanding issue” of the Christian Right that state-sponsored comprehensive sex education would impinge upon, namely, the tendency to “[see] federal education policies as an intrusion on their ability to enforce their own beliefs and values in the education system.”⁴⁷ Federal endorsement of comprehensive sex education would be (and has been) viewed as an explicit attack on Christian family values, a position that Catholic doctrine has upheld since the Pope’s 1929 decree on the matter.⁴⁸

It is clear that the Christian Right is less concerned with the measures of practical efficacy of sexuality education programs (i.e. lowered teen birth and abortion rates, lower STI transmission rates, higher ages of initiating sexual activity) than it is with the value statements implicit in any sex education curriculum. Abstinence-only sex education, according to the federal A-H definition, makes explicit that sex outside marriage is likely to have adverse psychological and physical effects which it dubs “harmful consequences,” and that children born “out-of-wedlock” will suffer, as will their parents, and society in general.⁴⁹ Abstinence teaches children

⁴⁵ *Ibid*, 529-530.

⁴⁶ *Ibid*, 545.

⁴⁷ *Ibid*, 534.

⁴⁸ Pius XI *Encl. 'Divini Magistri.'* Dec. 31, 1929. Ed. 279-281

⁴⁹ Section 510(b) of Title V of the Social Security Act, P.L. 104-193

that sex in general and especially sex outside of conventional marriage is inherently bad for them. Conversely, comprehensive sex education, according to its pro-abstinence opponents, implicitly endorses premarital sex as a reasonable and viable choice for young people by attempting to equip them to avoid the physiological consequences of sex (i.e. pregnancy, STIs). Comprehensive sex education, in this view, teaches children that sex is not necessarily bad for them.

II.

The official website of the Texas state GOP boasts of the state's "free spirit, ... pride in self-reliance and ... work ethic that is still unmatched today" and credits those attributes for the current and continuing power the Republican Party holds in Texas state politics.⁵⁰ As such, the stance of the Texas Republican Party with regard to sex education, supporting "the teaching of biology of reproduction and abstinence until marriage," shapes the Texas legal code surrounding sex education and its implementation in Texas schools. The continuing influence of the Christian Right on the GOP in Texas is reflected in the affirmation of "parental authority regarding sex education."⁵¹ This statement also asserts the importance of individual liberty, another important plank in the Texas GOP's platform.

Texas' history of sex education reflects its conservative culture and the current dominance of conservative political thought. In 2016, the state of Texas was awarded \$7,854,345 in Title V State Abstinence Education Program grants. This was by far the highest amount of grant money accepted by any state through this program. By comparison, Florida, coming in second and also a strongly conservative and Republican state, was awarded \$4,435,757 in the

⁵⁰ <https://www.texasgop.org/about-the-party/overview-and-history/>

⁵¹ Republican Party of Texas, "Report of the Permanent Committee on Platform and Resolutions as Amended and Adopted by the 2016 State Convention of the Republican Part of Texas" 17.

same year.⁵² This is no surprise in the self-proclaimed “strongest Republican state in the nation,”⁵³ whose Republican party is the current “model for other states hoping to defeat Democrats, control the scope and direction of federal authority, shrink state governments, and reduce taxes.”⁵⁴

Texas does not require sexuality education to be taught in public schools, but the Texas Education Code does mandate that if a school provides instruction in sex education, HIV/AIDS prevention, or sexually transmitted disease prevention education, it must meet certain requirements. Section 28.004, subsection E of the Texas Education Code states that “any course materials and instruction ... must:

- (1) present abstinence from sexual activity as the preferred choice of behavior in relationship to all sexual activity for unmarried persons of school age;
- (2) devote more attention to abstinence from sexual activity than to any other behavior;
- (3) emphasize that abstinence from sexual activity, if used consistently and correctly, is the only method that is 100 percent effective in preventing pregnancy, sexually transmitted diseases, infection with human immunodeficiency virus or acquired immune deficiency syndrome, and the emotional trauma associated with adolescent sexual activity;
- (4) direct adolescents to a standard of behavior in which abstinence from sexual activity before marriage is the most effective way to prevent pregnancy, sexually transmitted diseases, and infection with human immunodeficiency virus or acquired immune deficiency syndrome; and
- (5) teach contraception and condom use in terms of human use reality rates instead of theoretical laboratory rates, if instruction on contraception and condoms is included in curriculum content.”

This stricture mirrors that of the federal Title V A-H guidelines (explored in the previous chapter) for abstinence-only sex education, framing adolescent sexuality as “traumatic” when

⁵² <https://www.acf.hhs.gov/fysb/resource/2016-title-v-grant-awards>

⁵³ <https://www.texasgop.org/about-the-party/overview-and-history/>

⁵⁴ Cullen, David O’Donald, “From ‘Turn Texas Loose’ to the Tea Party: Origins of the Texas Right” in *The Texas Right: the radical roots of Lone Star Conservatism* ed. David O’Donald Cullen and Kyle G. Wilkison. College Station: Texas A&M University Press 2014.

indulged, and imposing abstinence as a “standard of behavior” for “unmarried persons of school age.” This reinforces the idea that sex can only be safe in the context of a marriage (considering the GOP’s stance on the Supreme Court’s gay marriage decision in 2015, it is safe to assume that the type of marriage indicated by the education code is between a man and a woman). Rather than protecting young people from the adverse consequences of sexual activity, this statute regarding sex education prescribes a correct model of sexuality for Texas youth, implicitly repressing non-conformist identities or behaviors. Additionally, these guidelines overlook important topics that adequate sexuality education ought to cover, like legal rights of teenagers who become pregnant, the impact of parenthood has on completing school, and the dangerous consequences of leaving STIs untreated.

The Education Code is not the only arena in which the Texas GOP’s anti-comprehensive sex education stance is made clear. The distribution of condoms in connection with instruction relating to human sexuality is also forbidden under Texas law, and legislative efforts to reform the Education Code to incorporate a more liberal and inclusive set of sex education guidelines have been routinely shut down. In 2007, House Bill 3165 proposed a requirement of medical accuracy for instruction in human development and sexuality. It did not pass.⁵⁵ Ten years later, Democratic legislators in Texas are still struggling to reshape sex education policy to resemble the comprehensive sex education policies of other states. Texas representative Mary Gonzalez (D-Clint) introduced a bill this year that would require sex education classes to teach age-appropriate, evidence-based information on birth control in addition to abstinence.⁵⁶ House Bill 1547 gains its support from studies like Texas Freedom Network’s 2009 *Just Say Don’t Know*

⁵⁵<http://www.siecus.org/index.cfm?fuseaction=Page.viewPage&parentID=487&grandparentID=478&pageId=860>

⁵⁶ <http://www.kvue.com/news/local/texas-rep-files-bill-to-expand-sex-education/408438389>

report on abstinence-only education in Texas. This report found that most Texas public school students receive no instruction about human sexuality other than the promotion of abstinence. This is perhaps unsurprising, considering the state's traditional conservatism and uptake of abstinence-only federal funding, but the degree to which abstinence dominated sexuality education at the time of the study was overwhelming; the report found that 94% of Texas public schools provided abstinence-only sex education programming, a dramatically higher proportion than the researchers expected.^{57 58}

The Texas Education Code requires school districts to establish School Health Advisory Councils (SHACs). Originally, the role of the SHAC within the school district was exclusively to deal with the matter of sexuality education, although this has been amended since the policy was first established in 1995. While the TEC provided general guidelines, the SHACs were intended to mediate the specific needs of each community with regard to sex education, in addition to providing a system of local oversight to ensure that sexuality instruction is appropriate in content and instruction.⁵⁹ However, the state does not oversee whether SHACs are actually established in all Texas school districts, nor does the state ensure that SHACs are performing their duties of meeting regularly and providing recommendations regarding sexuality education to their local

⁵⁷ David Wiley and Kelly Wilson. *Just Say Don't Know: Sexuality Education in Texas Public Schools* (2009)

⁵⁸ There have not been studies that generated comparable statistics for other politically similar and abstinence-friendly states, like Florida. However, there have been reports disparaging the ubiquity of abstinence-only sex education in Florida and citing pregnancy, HIV/AIDS and STI rates as the results of non-comprehensive sex education. SEICUS, "Highlights of Sex Education in the Sunshine State: How Abstinence-Only-Until-Marriage Programs Are Keeping Florida's Youth in the Dark." (2009) <http://www.siecus.org/data/global/images/Highlights%20of%20Sex%20Education%20in%20the%20Sunshine%20State.pdf> Accessed April 21st, 2017.

⁵⁹ *Ibid*, 11.

school boards. As of 2009, 64.7% of Texas school districts “indicated that their SHACs had not discussed the topic of sexuality education in the last three years.”⁶⁰

The SHAC system was intended to enable communities to take part in determining the content of sex education specific to their community. However, since there is no body enforcing that SHACs meet regularly, discuss sex education, or are even formed in every school district, it is safe to assume that this intent of the law is not fulfilled statewide. Even if a SHAC is formed and is active in its duties, the Texas Education Code does not have any requirements pertaining to the expertise of SHAC members; they need not have backgrounds in “health education, sexuality education, medicine, child development, curriculum evaluation or any other professional background or training that helps prepare the council to make informed recommendations” on this issue of effectively implementing health and sexuality education.⁶¹

TFN’s 2009 study found that there are several outstanding SHACs throughout Texas, doing the difficult work of navigating parents’ preferences, the letter of the law, and the need for effective sex education in Texas schools. However, the same study found many instances of failures by Texas SHACs, like the approval and recommendation of sex education materials which “contain factual errors and perpetuate lies about condoms and STDs.”⁶² For instance, Howard Flaherty, a presenter for the *Just Say Yes* abstinence speaker bureau used in twelve Texas school districts at the time of Wiley’s study, told his students “That’s another big fat lie from my generation to yours, and here’s the lie. The lie suggests that if you hand out a condom to young people that you’re going to lower teen pregnancy and disease. Not true.”⁶³ One Texas

⁶⁰ *Ibid.*

⁶¹ *Ibid.*, 12.

⁶² *Ibid.*, 17.

⁶³ *Ibid.*, 26; Flaherty, H. “Sex Lies.” *Just Say Yes*. 2008.

school district utilized a skit that even more explicitly undercut the efficacy of condoms in protecting against STIs and pregnancy, by comparing wearing a condom during sexual intercourse to wearing elbow pads while jumping off of a bridge, “They may protect you some.”⁶⁴

Rhetoric like this is in line with the Christian Right and Republican party’s message that there is no such thing as “safer sex” outside of marriage. Texas law requires that, if contraception is to be included in sexuality education, it must be discussed in terms of “human use reality rates instead of theoretical laboratory rates.”⁶⁵ The difference between these two measures is vital, and the preference for the former is misleading without context. Human use reality rates, also called “typical use” rates, refers to the measure of unintended pregnancies for all individuals who have ever used condoms, correctly and consistently or otherwise. By this metric, if a woman were to use a condom during intercourse one time, and then have intercourse without condoms or any other form of contraception and find herself to be pregnant or afflicted with an STI, the pregnancy or STI would be counted as a failure of *condoms*. Theoretical laboratory rates are also far from perfect, they represent what many call “perfect use” rate of success; that is, the rate of success for preventing pregnancy/STIs when a condom is used correctly every single time an individual has sex. The “typical use” rate of success when using condoms is much lower than the “perfect use” rate of success when using condoms, and limiting instruction to include only the lower efficacy rate without the context of the impact of proper use practices is misleading because it presents condoms as unreliable and fails to inform students that condoms are only as

⁶⁴ Wiley, *Just Say Don’t Know* 2009. 27.

⁶⁵ Section 28.004, subsection E of the Texas Education Code

reliable as the people who use them.⁶⁶ The CDC states that the *correct* and *consistent* use of condoms “can reduce (though not eliminate) the risk of STDs ... and can also help prevent unplanned pregnancy.”⁶⁷ Effective and truthful comprehensive sex education does not present condoms as a foolproof solution for avoiding the consequences of sexual intercourse. Rather it educates students about the proper ways to implement condom use while reminding students that condoms are not perfectly effective.

In 2017, the Texas Freedom Network released another report on sex education, following up on the 2009 study. *Conspiracy of Silence: Sexuality Education in Texas Public Schools* reviewed the 2015-2016 school year, and reported some encouraging findings, including an increase in the popularity of abstinence-plus programs state-wide (from 3.6% teaching information that was factual and medically accurate about condoms and other forms of contraception in 2009 to 16.6% in 2015-16)⁶⁸ and the exemplary curriculum of the largest ISDs in the state, Houston. However, these bright spots do not eliminate the gloomy reality the report also details; Texas sex education is still dominated by abstinence-only curricula, even if that domination is less complete than it was in 2009. 80% of Texas school districts taught only abstinence in the 2015-16 school year, a slight improvement on 2009’s 94%.⁶⁹ Additionally, after the publication of the TFN report in 2009, the Texas legislature voted in favor of eliminating health education as a requirement for high school graduation. Health courses are the traditional

⁶⁶ <https://ichampss.sph.uth.tmc.edu/wp-content/uploads/2014/10/ASSESS-FT-Understanding-Texas-Laws-FINAL.pdf>

⁶⁷ <https://www.cdc.gov/condomeffectiveness/>

⁶⁸ Texas Freedom Network. *Conspiracy of Silence: Sexuality Education in Texas Public Schools*. (2017) 10.

⁶⁹ *Ibid*, 9.

home of sex education programming, and while not every district has dropped them in response to the new law, many have done so, leaving their students with no formal sex education at all.

In addition to the troubling trends above, the recent report also expanded upon the concerns over the messages about condoms and other forms of contraception Texas sex education conveyed. As outlined earlier in this chapter, the Texas Education Code requires that contraception be discussed in terms of “human use reality rates” and not “perfect use laboratory rates,” but there is no requirement that the context of the difference between those two metrics be discussed. This lack of context gives instructors and school districts license to mislead students by presenting condoms and other methods of contraception as ineffective and portraying their use as “high risk behavior.”⁷⁰ The CDC states that condom use has an 18% failure rate for pregnancy prevention when used inconsistently and incorrectly and only a 2% failure rate when used consistently and correctly.⁷¹ Condoms are thus an effective method of preventing unwanted pregnancy and avoiding the contraction of STIs, but the recent TFN study found that 46.1% of districts did not mention condoms (or any other form of contraception) at all.⁷²

In addition, the 2017 report found that fear and shame-based instruction in sex education classrooms is still regrettably common across Texas. Examples of this kind of instruction are lessons that compare students to a piece of tape that loses its adhesive power after being stuck to the skin of multiple individuals. This exercise is meant to imply that people who have sex before they are married are less likely to have a lasting marriage or to be able to build meaningful

⁷⁰ *Ibid*, 17.

⁷¹ “Effectiveness of Family Planning Methods,” The Centers for Disease Control and Prevention. (2011)
https://www.cdc.gov/reproductivehealth/unintendedpregnancy/pdf/contraceptive_methods_508.pdf

⁷² TFN. *Conspiracy of Silence* (2017) 19.

romantic relationships than those who wait.⁷³ The report very effectively states that fear and shame-based instruction, coupled with the “disparagement of contraception,” communicate “a paralyzing double message to students: sexual activity inevitably leads to traumatic consequences, and you are powerless to protect yourself.”⁷⁴ This method encourages students to be abstinent not out of careful consideration of the most responsible choice, but out of terror over the risks of sex. While the end result is the same for either motivation (the student abstains from sex), the latter has ramifications that can reach far into the students’ future. In using rhetoric that reinforces moral “purity,” abstinence does not provide a practical understanding of sex for students later in their lives. As young people mature emotionally, physically, and financially, the adverse consequences of sex are less severe. Abstinence-only sex education often does not acknowledge this; therefore, students can maintain their fear of sex into their adulthood. Additionally, fear and shame-based instruction often imply that STIs are the just desserts of those who are sexually promiscuous, and that the best strategy to avoid being infected is to avoid promiscuous behavior. This is a problematic lesson to teach students. It reinforces the moral stigma surrounding STIs and thus discourages those who are afflicted from seeking care. And even if students remain abstinent until marriage, this model neither informs them or prepares them for the possibility that the person they marry may have contracted an STI.

TFN’s report also found that sex education in Texas has an unfortunate tendency to “teach stereotypes and dangerous misinformation about gender and sexual assault.”⁷⁵ For instance, much of the language in sex education curricula reinforces the dynamic in which

⁷³ *Ibid*, 24.

⁷⁴ *Ibid*, 23.

⁷⁵ *Ibid*, 25.

women are sexual gatekeepers and men, “naturally sexual beings,”⁷⁶ who cannot be blamed for their actions towards women who allow them to be sexual. In addition to this, the report found that sex education in Texas is dramatically heteronormative, presenting curricula that appear to assume “LGBTQ+ people are irrelevant or do not exist.”⁷⁷ Only 6% of school districts had curricular materials that addressed sexual orientation or the particular needs of LGBTQ+ individuals in their sex education programs. Finally, TFN’s report found that in the 22% of sex education classrooms in the state that mention abortion to their students, students are mostly taught misinformation about the procedure. Statements in sex education classrooms that abortions can result in infertility and that women will certainly feel sad and guilty after getting an abortion further stigmatize the procedure which is already less accessible to Texas women than the law requires.⁷⁸ This misinformation reinforces anti-sex, anti-birth control, and anti-abortion messages, and is particularly concerning when abortion is very often a medically necessary procedure and Texas has the highest maternal mortality rate in the developed world.⁷⁹ It should be noted that abortion has been legal in the United States for 44 years, and when performed by trained medical professionals, is one of the safest medical procedures that a woman can undergo.⁸⁰

⁷⁶ *Ibid*, 26.

⁷⁷ *Ibid*, 29.

⁷⁸ Mention HB that Supreme Court ruled unconstitutional that shut down most of the abortion clinics in TX, talk about “Undue burden”

⁷⁹ MacDorman et al. “Recent Increases in the U.S. Maternal Mortality Rate” *Obstetrics & Gynecology* 128(3) (2016) 1-10.

⁸⁰ *Ibid*, 33. Less than 0.05% of women obtaining abortions in the United States Experience a complication, Weitz TA et al., Safety of aspiration abortion performed by nurse practitioners, certified nurse midwives, and physician assistants under a California legal waiver, *American Journal of Public Health*, 2013, 103(3):454–461.

This report is disheartening. In the 2015-16 school year, over 5 million students were enrolled in Texas public schools.⁸¹ The legislation in place in Texas is not adequate to ensure that the many youths entrusted to the care of the school system are equipped with the tools to make responsible decisions about their lives and reproduction. Abstinence from sex is certainly the safest and best choice for school-aged children to avoid any adverse consequences from sex, but it is not realistic to expect all young people to make that choice. For the main line of defense against teen pregnancy and the spread of STIs to be telling Texas students that they should not have sex is irresponsible. 63% of Texas high school seniors report being sexually active at least once in their lives.⁸² Abstinence as a form of birth control indubitably works, but abstinence as the guiding ideology of sex education in Texas certainly does not.

As of 2011, Texas ranked fifth highest among states on birthrates among teens between the age of 15 and 19. The average teen birth rate in Texas is 34.6 births per 1,000 females aged 15-19, higher than the national average of 31.3⁸³. Additionally, the percent of Texas high school students who have experienced sexual intercourse is 52%, higher than the national 47%. Finally, the percentage of Texas high school students who used birth control during their last sexual intercourse is lower than the national average across all methods of birth control (54%, compared to US 60%, used a condom during last sexual intercourse, 20%, compared to US 13%, did not use any method to prevent pregnancy during last sexual intercourse).⁸⁴ In 2015, Texas ranked third among states for the highest number of HIV diagnoses.⁸⁵

⁸¹ Texas Education Agency *Enrollment in Texas Public Schools 2015-2016*. (2016)

⁸² “Youth Risk Behavior Survey,” Texas Department of State Health Services. (2013)
<https://nccd.cdc.gov/youthonline/app/Results.aspx?LID=TX>

⁸³ The National Campaign to Prevent Teen and Unplanned Pregnancy, “Texas Data,”
<https://thenationalcampaign.org/data/state/texas> Accessed May 1, 2017.

⁸⁴ <http://www.hhs.gov/ash/oah/adolescent-health-topics/reproductive-health/states/tx.html>

⁸⁵ <https://www.cdc.gov/hiv/statistics/overview/index.html>

These statistics demonstrate that Texas' sex education programs have failed to persuade many teens to abstain from sexual activity. In every measure, Texas is behind the national average for the practice of safer sex among teens. There are viable models of programs that better protect teenagers from the consequences of sex, as can be seen in states like California, Hawaii, Iowa, Maine, New Jersey, North Carolina, Oregon, Rhode Island, and Utah. As such, it is safe to conclude that abstinence-focused sex education as taught in Texas does not better prepare students to protect themselves against unwanted pregnancies and sexually transmitted diseases and infections than comprehensive, medically accurate sex education.

Chapter 3: Methodology

Statistics, of course, only go so far in giving us a flavor of the issues at stake here. As a way to round out my picture, I chose to conduct a series of interviews with a variety of Texas residents diversely affected by local sex education policies. An oral approach is valuable because the impact that sex education has on students is more nuanced than merely influencing them to abstain from sex while in high school. Sex is an important part of most people's social worlds, and sex education has the capacity to shape students' and teachers' understandings. Oral history allowed me to gain a comprehensive understanding of the experiences of a small group of students and educators, not as a representative picture of the impact of sex education statewide, but rather because it provided me an opportunity to engage with the varied effects of sex education on students and the intentions of instructors charged with teaching the topic. Surveys of curricula and relevant public health statistics are important and instructive, but personal narratives are an equally powerful part of understanding just how abstinence-focused sex education has influenced students and educators throughout Texas.

The oral histories in Chapter 4 are derived from interviews that I conducted over the course of the spring semester of 2017 with 6 individuals, 3 sex education instructors and 3 students who had received or provided sex education in Texas. The interview subjects were selected based on relevant experience and availability, and the small number reflects the restrictions of time and resources that I had at my disposal.

Some interview subjects I knew personally before the interview process, either as peers and friends or, in the case of instructors, by having taken a class from them. Those I did not know personally before the interview I researched through their respective organizations (a local

high school and an abstinence-focused sex education program) and reached out to via their professional emails. Below is the e-mail that I sent to potential participants.

Subject: Oral History Inquiry

Hello Mr./Mrs./Ms [Name],

My name is Kenzie Stewart and I am a student in the Plan II Honors Program at UT-Austin. I am reaching out to you because I am in search of participants to interview for my senior thesis project. I am conducting an oral history of abstinence-focused sex education in public schools in Texas.

If you agree to participate in this study, I will ask you to meet with me for a private pre-interview at your convenience. This pre-interview will not take more than 30 minutes of your time and will not be audio-recorded. During the pre-interview, I will ask some basic questions about your life and provide you with the opportunity to ask me any questions you might have about the study. If you are still interested in giving an official interview for the oral history after the pre-interview is complete, we will schedule it at your convenience at the end of the session.

If you are interested in participating, please respond with any upcoming availability that you might have in which we can conduct the pre-interview. If you are not interested in participating but know someone who might be and feel comfortable sharing their contact information with me, that would be very much appreciated.

Thank you for your time and I look forward to hearing from you soon!

Best,

Kenzie Stewart

After making initial contact with each potential interview subject and explaining my thesis project to them, I followed up to schedule the pre-interview at their convenience. Most of the pre-interviews took place over the phone or, in the case of those I already knew, in semi-casual conversation. Following the pre-interview, every participant stated that their willingness to conduct a formal interview which I then scheduled at their convenience. At the beginning of the

formal interview, I obtained a signed form of consent for each subject. For the one interview that I conducted over the phone, I obtained an e-mailed statement of consent, and with all participants I then asked for the consent of the subject for the interview to be recorded.

For all instructor interviews, I referred to a brief set of guiding questions, reproduced below. I took notes throughout the interview, and asked follow up questions wherever I thought it would be helpful to the process. The process was much the same for all student interviews, although I referred to a different set of interview questions, also reproduced below.

Instructor Interview Instrument

How long have you been teaching sex education? In what context have you taught sex education?

Can you describe the curriculum you teach?

What brought you to teaching sex education?

How do you feel about teaching sex education? What do you like, what do you dislike?

What are your goals for the sex education that you teach? What do you want your students to take away from your lessons?

Did you have a say in what was included in your lessons? If yes, how did you decide what to include and what not to include? If no, what would you change if you could?

Do you think your lessons fill gaps in knowledge or correct misconceptions or preconceived notions that your students might have? Do you have any examples?

Do you find your work rewarding? What is rewarding about it?

What do you think about abstinence being the only form of sex education that the Texas Education Code endorses?

Student Interview Instrument

What sex education did you have in public school? What grades, what classes?

Can you describe the format of the class to me? Was it one presentation for the whole year, was it a unit in a regular class, were there outside speakers, were boys and girls separated?

Do you remember any extremely positive or negative experiences that you had with sex education in school?

Did you receive any sex education at home? If yes, was it different from the sex education that you received at school?

Did your sex education, formal or otherwise, shape your understanding of sex?

Did you feel well prepared for romantic relationships by the sex education that you received?

Did you feel well prepared for pregnancy and STI prevention by the sex education you received?

Is there anything you didn't get in the classroom that you wish you had when it comes to sex education?

Did your sex education experience have a subsequent sex life?

The interview instruments were designed with the intention of providing the interview subjects a wide range of possible responses.

Of the six interviews, five were conducted in person and one was conducted over the phone. The interviews were brief – the longest lasted 45 minutes and the shortest lasted 25. I recorded each interview and then transcribed them, making minor edits for clarity. All three instructor interview subjects were men and the three student interview subjects were all women. This was not by design, but was simply an accident of the positive responses that I received.

Chapter 4: An Oral History of Abstinence-Focused Sex Education in Texas

Students

As mentioned in the previous chapter, all three student interview subjects were women. They ranged from 20-22 years old, and all currently attend four-year universities in pursuit of undergraduate degrees. They all attended public school in cities, so the perspectives they present are urban. Additionally, they were all raised in middle-class households.

I will give a brief description of each interview subject as well as a summary of their respective interviews, and then explore the common themes that I found across the three interviews. In the interviews with students that I conducted, all students discussed negative aspects of the sex education that they received. In particular, they spoke of the use of gendered language in classrooms and the perpetuation of a sexual double standard where women are sexual gatekeepers who are more responsible for sex than men. Additionally, all of the students had ideas for changing sex education curricula to improve future students' experiences, like incorporating LGBTQ+ issues, lessening fear-based language, and talking with greater nuance about sex and the dynamics of romantic relationships.

Jenny

Jenny (all names have been changed to protect the identity of the interviewees) is a sophomore in college pursuing a degree in performance studies. She attended public school in a suburb of San Antonio, Texas, and received sex education during her late elementary and middle school years. She identified the education she received as “abstinence-only,” and stated that she remembered being curious about the omission of contraceptives from the sex education presentation she received as a fifth grader.

I remember in the discussion - me as a fifth grader asking about condoms at some point. And I know that there was sort of like a hush over the room whenever I brought that up. Because they had only emphasized being abstinent and not having sex, that occurred to me as something strange, and so I asked about that and it seemed, you know, they were open to the question and said “Oh yeah, those are possibilities, but the only way to really maintain, like, you’re--not to get pregnant or like, healthy completely is to just not have sex at all.”

She also stated that many of her public school classmates who received the same sex education were now pregnant.

This is interesting, a lot of kids who I went to middle school with have ended up being pregnant. There are several people, like on my Facebook feed, who have gotten married really early or are pregnant and I wonder if that has something to do with it, where that’s sort of the community they’ve been raised in?

Jenny also expressed that she thought she and her peers at the time found sex difficult to talk about, particularly in the community where she grew up.

I don’t think that anybody really knew how to talk about sex. And I don’t think that, well, judging from my experience with the families I encountered, I don’t think there was a very open relationship between parents and children in that area, either. Very religious, very conservative.

Finally, she expressed that she found abstinence to be an unrealistic expectation of high schoolers, saying “I never really agreed with abstinence. Like I didn’t ever think that was a plausible thing, or a reasonable thing.”

Rebecca

Rebecca is a junior in college pursuing a degree in history. She was raised in Austin, Texas, and attended public schools in an affluent area of the city. She received sex education in middle school, through a class called “Responsible Social Behavior” and in high school health class. She described the sex education she received as “abstinence-focused” but remembers receiving explicit instruction about contraceptives as well.

In middle school, the sex education she received was broken into boys’ and girls’ presentations, but each group was shown the same set of materials. She particularly remembers a video intended to prepare boys for puberty.

The video for the boys was this little kid and his uncle or something and the kid was sitting on the steps and he was all sad and the uncle came up and he was like “What’s wrong?” and the kid’s like “Uncle, did you ever worry about sizes when you were a kid?” and the uncle was like “Don’t worry, you’ll grow taller!” and he went, “No, other sizes,” and the uncle goes, “Oh, you’re worried about penis sizes” and we were all like 10 so we were like “*what the hell?!?*” So that was also like a meme that people still remember, it’s ridiculous.

In high school, she received instruction both in her regular health class and from an outside lecturer hired by the school to present on sexuality and character education. This speaker was from a local Faith-Based Crisis Pregnancy Center’s Preventative Sex Education Program. She particularly remembers the use of humor in the presentations she received in high school.

They had these t-shirts that said “I heart pants” and it was like, the idea was that the only 100% effective form of birth control is keeping your pants on, so they handed out these shirts and everyone thought they were hilarious and wore them everywhere, but it was an abstinence-only message

Rebecca was a member of the Gay-Straight Alliance at her school, and she talked about how that affected her understanding and perception of the sex education she received. In particular, she discussed how she and the other GSA members tried to put pressure on the school administration to provide better, more inclusive sex education, with little success. Additionally, she recalled how a significant part of the club's activities was following news, and so she was abreast of the findings that abstinence-only sex education was less effective than comprehensive sex education in the late 2000s and early 2010s. This caused her not to take the abstinence-focused sex education she received very seriously.

I think that by high school when I was receiving this information I already knew that abstinence-only education doesn't work. And so I think receiving that at that point it was like "okay, whatever, eye roll."

Amy

Amy is a senior at college pursuing a degree in history. She grew up and attended public high school in El Paso, Texas, and received sex education as a unit in her high school health class. The sex education that Amy described receiving was comprehensive, with an emphasis on contraceptive strategies and providing resources for students. She attributed the quality of the health program to the affluence of the community that she came from.

It was still a public high school but the way my town is, it's the west side of El Paso, which is where I'm from is a lot of Americans, and a lot of more affluent families, and the east side and the north east side of El Paso is really the Hispanic community with a lot

of lower income families. So in my high school particularly it was also just the way we were raised, but El Paso does have some pretty high pregnancy rates, especially in the lower income east side and north east side of the city - and it wasn't a concern of the community, it was just being raised, I think that income level does make a difference.

Amy also expressed that she did not feel that abstinence was a likely course of action for most high school students, and she felt that her school shared this view and did its best to accommodate and support students through their adolescence.

People are in high school and they're having sex, people are in high school and they're having relationships and they may or may not be good ones, so instead of trying to force kids to do something that they're not going to do just because we're not going to do it, we might as well offer them opportunities to help them.

Common Themes

Logistics:

Jenny and Rebecca reported that their early sex education (pre-high school) was delivered in gender-segregated classrooms. This is a common fixture of early instruction about bodily functions – particularly when the main topics being discussed are the changes that are associated with puberty. As Rebecca said, “They didn't need the boys there when they were handing out tampons” to her and her classmates. This could have the possible consequence of perpetuating stigma surrounding menstruation and framing women's bodies as too complex and unruly for

men to understand, if no effort is made to inform male students about the process of puberty in females.

Additionally, Jenny and Rebecca both remembered their early sex education as very brief – consisting of one presentation given in a lecture format, with limited discussion and time for questions. They both also remembered that the brief presentations were given by someone other than their regular teachers, either an “outer party” or the school nurse.

Jenny said that “it felt like something just to get over with whenever we were in school. Like something neither teacher nor student wanted to have to do,” and Amy echoed the sentiment that the sex education she received was delivered with a sense of obligation and mild discomfort.

Content:

Jenny and Rebecca both underscored that the main focus of the sex education they received was abstinence. Interestingly, Jenny mentioned that her class in middle school discussed “mutual masturbation. I think that’s one thing they discussed as, like, a possibility, an alternative to having sex. It was always ways to get around having sex. Always alternatives.”

Amy described her sex education as “not necessarily abstinence-directed.” She said “It was more about safe sex, and they brought in some teenage moms or moms who were pregnant that were still teenagers to talk about that with us, to talk about the risks of having unprotected sex while you’re in high school, and talked a little bit about STDs, but nothing directed specifically towards only abstinence.” Of the three women, Amy appears to have received the most comprehensive sex education.

Jenny, Rebecca, and Amy all discussed receiving instruction on STDs. Jenny mentioned the instructor's use of "pamphlets with very graphic pictures." Rebecca remembered a test in her health class over STDs and their symptoms, and a chapter in her health textbook that presented information about STDs, "here are all the STDs and what they look like and here are their symptoms and are they curable? No." Amy mentioned that STDs were a part of the sex education she received as well.

Jenny's sex education did not mention romantic relationships and their possible positive or negative impact in students' lives, and Rebecca mentioned a similar gap in instruction specifically about good or bad partnership habits. Amy's high school "talked about domestic abuse and emotional abuse and physical violence and stuff like that," but she said that she didn't think that discussion was limited to the health classroom. She mentioned that her school seemed very proactive about providing resources and making "wonderful" counsellors available to students who might be struggling.

LGBTQ+ concerns were not mentioned in the sex education of any of the three women. Rebecca said "I feel like the sex they were talking about in class was very vanilla heterosexual sex and they didn't talk about anything other than that."

Informal sex education:

Jenny and Rebecca did not feel well served by the sex education they received in their formal education, and both went in search of information from their parents, peers or other outside sources. Amy, who felt neutral about how well her sex education prepared her for having sex later in her life, (she stated that she didn't think any of the information in class was particularly new for her, that she had picked up knowledge about safe sex "just by growing up")

said she did not garner information about sexuality from her parents, but she did talk about it with her peers when she was growing up.

Jenny said her mother talked to her about what sex was and what it meant from a young age, “My mom just always expressed that sex was something to be enjoyed but also to be enjoyed with someone you had trust with and love with. And I think there wasn’t really like a formal sit down, but if I had any questions she was always open to answering them.” Jenny also expressed that her mother was helpful in understanding STDs – her education in school had made them sound terrifying and inevitable, “I think whenever my mother explained to me what those were, how they were contracted, it seemed a little bit less scary or threatening. They are serious things, obviously, but it wasn’t an end-all, be-all, this is what will happen to you if you have sex.” Jenny also mentioned that she sought out information independently about birth control, “I downloaded an entire manual about it. And, you know, I had to call Planned Parenthood a lot whenever I first started having sex and you know, so that was a good resource but that was sort of a self-thing as well like doing a lot of research on what happens if it’s unprotected or how long should you be on birth control.”

Rebecca also recalled conversations with her mother about sex that filled in gaps left by her formal sex education. “My mom told me, “You can get STDs from oral sex and neither me or your father waited to have sex” that was what they told me. And I’ve never been told by my parents “you shouldn’t have sex before you’re married” that’s never been a thing that I’ve been told, which I realize is kind of unusual, actually.” Rebecca also remembered a conversation with her mother that involved discussion of the interaction between sexuality and romantic relationships, “Another thing that my mother told me was “having sex can prolong a relationship that maybe should not be prolonged” and I think that was actually really formative for me.”

Fear and Shame:

Jenny talked at great length about the sense that STDs “were these very scary, daunting things for us that threatened some sort of chaos.” Particularly, she mentioned that her education had presented STDs as nebulous and unknowable, “I think there’s also a fear factor with it as well, I think, where sex is still a little bit scary to think about or to participate in because of all of the consequences that I’m not really sure--like the consequences I’m not really aware of or I have a very vague idea of. What I mean by not aware of is like the different STDs, you know, the range and how to prevent them, what varying degrees of severity there are.” The overwhelming impression that Jenny’s sex education left on her was a sense of sexuality as taboo, “I think it was just looked down upon in general to really participate in anything like that [sexual relationships]. Or it was always something to be ashamed of. It was just a scaring thing--scarring, I guess. But I do know I have some friends who really were still scared of sex up until their senior year of high school and just didn’t want to touch it or think about it.”

Rebecca and Amy did not go into this theme as much as Jenny, but Rebecca described her sex education as employing “scare tactics saying ‘just don’t do this’.”

Gender Roles:

All three women talked about the gendered content of the sex ed lessons imparted to them in their public school education. Jenny recalled particularly that in the gender-segregated presentations that she and her peers received in middle school, “the coach said, ‘If you put your pistol in a girl’s pocket, you gotta cock it and put it on safety first,’” in the presentation that he gave to the boys, and the saying spread through the school as a kind of joke. In relation to this,

Jenny said, “I think that it might have been different for guys. It seemed easier for my male classmates and a little bit more comical in a sense. Lighthearted. You know? And I think that’s manifested in a lot of different ways, where men feel like that’s something that’s an obligation, or something they deserve from women, and women are supposed to remain the morally upright people and cut guys off and should not feel as involved or excited about sex. And I think that that’s something that I have experienced too, is just feeling sort of guilty for being sexual? Or feeling like equally as sexual as a guy, you know, because that’s not what women are supposed to do.”

Rebecca did not remember normative gender roles being imparted explicitly, but she did mention that “I’d be surprised if there weren’t undertones of that, especially when we were talking specifically about pregnancy.”

Amy also discussed the gender roles that were imparted to her through her sex education, in spite of having received the most comprehensive education of the three women. “When I was 16, just the way it is now, that it feels more like the woman is more responsible. Like the female has to be more responsible in wearing a condom and using birth control and if she should end up getting pregnant, then that’s her problem, if she should end up getting an STD then that was her fault for doing it with a partner who has an STD – it’s never really that someone gave you an STD, it’s that you were stupid enough to go and have sex with someone that did, so it’s always I feel like kind of that pressure on the girl to know what can and cannot happen from sex. Growing up it was definitely gendered, where they would target most of the messages to females, particularly because they’re the ones that have to literally bear the consequences from sex, so they would really I think try to make it equal, it’s still kind of that unspoken feeling that the girls are the kind of the ones who have to be responsible, more than the guys.”

Instructors

As mentioned in the previous chapter, all three instructor interview subjects were men. They ranged in age from early 20s to early 70s, and are all currently employed in providing some form of sex education.

I will give a brief description of each interview subject as well as a summary of their respective interviews, and then explore the common themes that I found across the three interviews. All of the instructors perceived their respective curricula to be effective, and expressed genuine concern about their students' wellbeing.

Tom

Tom is a recent college graduate who teaches health at a public high school in Austin. He majored in history at a small liberal arts college in the south, and he described teaching as “my first real job.” He did not set out to teach health, it was assigned to him in order for him to secure a position as a football coach at the high school where he now works. He said that he became certified to teach health within a week and was offered the job. When discussing his goals for his students, Tom said

I just want my kids to make good decisions. Right? Whether it's maybe not having sex with someone, or if they are going to be sexually active, do it in the safe way.

Tom also expressed an awareness of class and racial concerns with regards to teenage sexuality.

One of my big things I harken on is “Don’t become pregnant in high school.” And that’s a problem we’ve had at my high school. It’s low socioeconomic backgrounds, a lot of poverty, and we have a really high pregnancy rate. We have [on campus] childcare at my high school, which is progressive, but it’s still an issue, because I think, long term education, personally is the, a really big growth marker for moving up laterally in socioeconomic class.

Louis

Louis is in his 60s and he is a practicing therapist in addition to a lecturer with a psychology department at a university. He has been teaching at the university for 30 years, and prior to that he worked with Planned Parenthood for 10 years as a Clinic Director and trained to provide sex education as one of Planned Parenthood’s outreach programs.

Louis teaches a class entitled “Human Sexuality and Relationships,” which is very popular within the department and university generally. Over the 30 years that Louis has been teaching, it has expanded to include more sections and to accommodate more students..

Louis enjoys teaching, and stated that he found interacting with young people engaging and exciting. He employs a great deal of humor in his lectures, saying, “The kids that are taking this class, they tend to have a very enjoyable sense of humor or they develop one, just to put up with me.” Many of Louis’ students attended public high schools in Texas, and he believed that his course could fill in the gaps that were left from their formal sex education.

He also discussed the history of sex education, which he touches on in the course he teaches, and what he sees to be at stake for some people in the debate surrounding sex education.

Sex education hasn't been, historically, it hasn't been around that long. You know, it didn't really start until after WW2, in colleges. And even then it was just with one college. And now it's pretty prevalent at public universities. But, you know the idea that sex education should be the role of the parent to instruct their children, that that's not something the school is supposed to do, you know, the school does all kinds of things now they never did before. They kind of have taken over parenting, I mean, you know, they fix them breakfast. I mean, when I was going to school, schools didn't provide breakfast. Next year it'll probably be dinner as well, they just have taken over all kinds of things that used to be the role of the parents. So I don't get really upset with people who think the role of sex education should mostly be with the church or with the family. I understand that perspective. It's just that it fails so often that unless you're just willing to put up with the consequences of that failure, it makes it kind of incumbent to at least strongly consider at least having some of it in schools, where kids are kind of captive audiences.

Louis did express that he believes that abstinence-focused sex education is a “disaster” that doesn't work to control what he characterizes as biological impulses. He cited some of the same statistics that I have used in this thesis in support of that statement (Texas' teen pregnancy and STI rates in comparison with other states) and also referenced the ignorance that he perceives in many of his students receiving sex education in Texas. In particular, he discussed

how he felt that his instruction was helpful for students who might have more restrictive and normative opinions about issues relating to sex, like homosexuality, “I’ve had students tell me they’ve changed their minds about lesbians and gays after my lectures on the topic of homosexuality.”

Carl

Carl is the director of the Preventative Sex and Character Education Program of a local Faith-Based Crisis Pregnancy Center. (Coincidentally, this is the same program that provided lectures in Rebecca’s high school sex education component of her health class.) Carl has worked for this organization for almost five years, and he was initially interested in working for them because he was searching for a way to become engaged in his community. Carl is a religious person and was required to sign a Christian statement of faith in order to be employed by this organization.

Carl described the sex education that his organization provides as follows:

We’re a sex and character education program designed to help teach what is called sexual risk avoidance, sex and character education, so we’re trying to help students avoid the risk associated with engaging in sexual activity at this stage of their lives. We’re in classrooms from 6th grade, 7th grade, 8th grade, and then high school. So we have 4 different curricula that we teach, they all kind of build on each other.

Carl also discussed the precise definition of sexual activity that his organization uses in its instruction.

The definition we use is the definition of intercourse in Webster's dictionary, which is physical sexual contact between individuals. So it involves at least two people. And we do that so the students know, if they're not with another person that's not considered to be sexual activity. So physical sexual contact between individuals that involves the genitalia of at least one person. So that's the basic definition we give in 6th grade and 7th grade. In 8th grade and high school we share the 5 different definitions of sex that fit within that definition. So that would be vaginal sex, oral sex, anal sex, mutual genital stimulation or hand-to-genital contact, and then outercourse, which is like genital-to-genital without penetration basically. So those 5 definitions, we define, medically a person can get an STI from any of those 5 forms of sex, and legally if they're forced to engage in any of those forms of sex they can be charged, the person who does the forcing can be charged with a crime. Or if they're over the age of consent have any of those forms of sex with a person under the age of consent they can be charged with a crime as well.

Carl directs the program, so he is entrusted with hiring and managing the individuals who go into schools and make presentations to schools. He also occasionally gives the presentations himself. Additionally, he oversees the annual revision of the curriculum, ensuring that the materials they use for their presentation are up-to-date, correct, and effective.

While the organization is faith-based, Carl was quick to make clear that faith was not a part of the sexuality and character instruction that the organization provides.

We don't deal with it from a moral perspective. Like we never use the word "virgin" or anything like that. We feel like that's a moral term and we don't use those terms in the classroom, only medical terms.

Common Themes

Logistics:

Tom was given his health class curriculum by the school district, and it provided a sex education unit to be given as the last part of the health semester. Tom taught this unit for the first time in the fall of 2016, and he did not alter the curriculum before teaching it because he was busy coaching football at the time.

Louis teaches a semester long course that meets twice weekly at the university. His class is large, accommodating over 60 students, and he often teaches multiple sections in the same semester. Louis said that he felt he did not have enough time to provide a fully "comprehensive" look at sexuality and relationships, but he said that he did the best he could with the time he had.

Carl's organization varies the amount of time it spends with students based upon the school's needs and the grades to which they're presenting.

Our 6th grade curriculum, we do three class periods in a middle school, which is about 50 minutes. We teach them in gender specific classrooms, so the boys are taught by a male, the girls are taught by a female, and they're in separate rooms. 7th grade is 4 classes, 4 class periods. 8th grade is 4 class periods. Some districts, just because of STAR Testing and everything just ask us to condense it to 3, and then our high school presentation is three 90 minute presentations. I guess the classes are about an hour and fifteen, an hour

and twenty minutes. We're normally in a science class in middle school, and in high school we're normally either in a health class, or because health is no longer a requirement in schools, sometimes we're in professional communication class, or some other course that they have where they can get the majority of the students in the class.

Content:

Tom's described his curriculum as follows:

We cover anywhere from STD's, other sexually transmitted diseases, viral, bacterially transmitted diseases, all of them basically. We talk about how good contraceptives are, and what's the best contraceptive to use and we basically go through all of them and talk what the success rate for them is, we also talk about how to use condoms, and problems with underage sexting or underage sex.

Tom also mentioned the TEKS requirement of emphasizing abstinence in sex education and its place in his curriculum.

One of the big TEKS that we have to teach is that abstinence is the only 100% form of pregnancy prevention. It's the only contraceptive that works 100% of the time. Right? So, how people might take that differently, but really it's true. Like IUDs and stuff like birth control has a pretty low rate [of failure] but it's still, abstinence is still the actually only 100% way, in any study. Some of my students actually didn't like it, they'd say "Y'all are just teaching us abstinence" and I was like "Yeah we are, but really it's the only

100% contraceptive – contraceptive that's 100%" I told them "I know y'all are in high school and you'll be sexually active a lot of y'all or some of y'all so I'm sure you're not going to listen to me about abstinence but just make sure you get all of the other stuff checked off and make sure you understand all the other stuff."

Additionally, Tom talked about what he would like to spend more time on in the curriculum when teaching it in the future.

Knowing what services or what government agencies or even school administration that could help you with stuff like that - anything sexual, whether it's rape, sexual assault, contraceptive awareness, pregnancy, etc. I wish we did more, a little bit more on services and state specific laws applying to pregnancy and women's rights. I think there's a little bit of a gap there.

Louis was insistent that the course he taught did not focus solely on sexuality, it also focused on relationship dynamics. He discussed what he wanted his students to gain from taking his class.

I want them [my students] to feel more comfortable with their bodies, I want them to feel more comfortable with sexuality in general, I want them to have accurate information, as best I know it, about sexuality and relationships and to – for the relationship part, there's lots of things that I want them to get, but if you're focusing mostly on sexuality, I want them to have accurate information, I want them to feel comfortable with their sexuality.

And a lot of people do not feel comfortable with their sexuality. And by that I don't mean comfortable necessarily just being sexually active, I mean comfortable with themselves as a sexual being. And I want them to feel comfortable talking about it as best they can. And I certainly want them to know about birth control. I want them to know about abortions. I spend probably a lot more time on communication and relationships than most courses that teach human sexuality. It's titled human sexuality and relationships. It's about half and half focus.

Carl provided an overview of the day-by-day curriculum that his organization provided when they went into schools for 6th grade presentations.

On day 1 we start out with information related to puberty, we deal with puberty, we deal with the menstrual cycle for the young ladies, and we teach both boys and girls so they understand what's going on with their peers if they're not experiencing it themselves or haven't began to or are not going to experience it. And then we talk about, we try to normalize puberty and help them understand what you're having happen to you is a normal experience. Especially, if they haven't had a sibling, or someone else in their family that has gone through it, if they can't go talk to them about it, we talk about what sex is. We talk about sexually transmitted infections, and what they are, what some of the symptoms are. We communicate less in the 6th grade than we do in the high school experience, obviously. We talk about boundaries, we talk about refusal skills, and how to refuse engaging in behavior that is inappropriate whether it be sexual or otherwise. We talk about pregnancy, fetal development, kind of how pregnancy occurs, and then what

are the risks involved in a teen pregnancy and how that can affect a person. We deal with healthy relationships, what does it look like to have a healthy relationship, what does it look like to have an unhealthy relationship. We discuss abstinence, we discuss contraception, what it is, what are some of the effectiveness rates of various forms of contraception.

Carl also discussed the expansions on the curriculum when it was presented to high school students.

There's some additional information in the high school experience. We have more, we give more definitions of sex. So we give a general definition of sex, and then we talk about different types of sex that can lead to STIs or that can lead to legal issues. Oh and we also talk about with all of them the age of consent, we talk about sexting as well, that being illegal for minors. And then in high school we talk more about the STIs, more details about the symptoms, there are images of STIs on genitalia or on the mouth. In pregnancy, we talk about the different options that people have to respond to a pregnancy. We talk about abortion, adoption, parenting, those options that are available to teens who discover that they're pregnant. We also do some role plays where we kind of give students the opportunity to see what the experience of sexual activity, how that could impact their lives in different ways. We talk more about warning signs of unhealthy relationships and thinking through when they can kind of see "okay I might be in a healthy relationship or I might be in an unhealthy relationship" so they can consider things like that. We talk about their goals, what they want to accomplish in life, how their

choice to be sexually active could or could not affect that. More information on abstinence, more information on contraception, so more detail.

Perceptions of students:

Tom stated that he was certain that some of his students were not going to remain abstinent. He also stated that he thought the unit on sex education that he taught was filling gaps in his students' knowledge.

My kids don't know what basic contraceptives are, I think. I think they do in a sense, but they don't know really how they work or how effective they are. Especially the girls. I think a lot of the girls might not know how birth control works, or might not know what IUDs are, or if they do, their parents or whoever, their guardians, have never arranged for them to be put on or have such contraceptives. And I think it's really good to teach students about such serious issues that may not have with their parents or their friends or any other social or learning environments, and to give them correct information and proper information to have them make healthier choices and live a healthier happier life.

Louis also stated that he believed that many of his students would remain ignorant about their bodies without instruction like his.

You can have sex and that doesn't mean you understand your body at all. Like, you know, women have periods, that doesn't mean they know what causes a period, how a period happens, all the body parts. You don't have to know that to have a period. Or to

produce sperm, you don't have to know anything about how sperm gets to the tip of your penis and spurts out, you don't have to know that stuff. So I want them to know how things work.

Louis also said that he expected many of the students he had in college were already sexually active, "Most kids are sexually active before they finish high school. And apparently, they've heard the abstinence only message, and it doesn't stop them."

Carl discussed that he feels like the pro-abstinence message his organization delivers to students is valuable and, in some cases, new information for the young people they reach.

We have one example in the class where we talk about the choice to be abstinent, and how if you've already had sex you can still make a decision to be abstinent if that's what you want to do, and we have a student write down on one of their evaluations, "Thank you for letting me know I can stop" – I think they thought that because they had a sexual experience that they had to continue engaging in sexual activity, and so they were appreciative of the reality that, like, we talk about how your value doesn't change. We've had others who have said "Thanks for letting me know I can choose to be abstinent because it seems like people are telling me that's not a choice that I have, like I can choose to be sexually active, but I can also choose to be abstinent."

It is strange that Carl recalls a student who found abstinence to be a new and exciting option – when legislation has ensured that abstinence-focused messaging is ubiquitous throughout Texas. Carl's organization is interesting because it is a Faith-Based Crisis Pregnancy

Center – the mission of the organization is to discourage women from obtaining abortions. Sex education is an effective way to attempt to achieve this goal, as widely available information about birth control has the logical repercussion of lowering abortion rates – when less women are becoming accidentally pregnant, less unwanted pregnancies are terminated. However, Carl’s curriculum presented some dubious information about condoms, stating that they might be “too complicated” for students to use consistently and correctly.

The instructors of sex education in Texas that I interviewed perceived their work to be valuable and meaningful, providing students with an opportunity to gain knowledge that they might not learn elsewhere. The students that I interviewed did not feel as though their sex education was providing valuable information that they could not gain elsewhere, and many of them expressed that they relied more on their family and friends to prepare them for their eventual experiences of sexuality than they did on the knowledge imparted by their formal sex education.

Chapter 5: Conclusions and Recommendations

Conclusions: Does abstinence work?

Abstinence as a form of birth control is indeed 100% effective when implemented consistently. Abstinence as a guiding ideology of sex education cannot claim the same success rate. The modern movement in favor of abstinence-only sex education relies upon abstinence as a form of moral guardianship of youth. In the United States, this ideology is predicated on Judeo-Christian religious doctrine which presumes that sex outside marriage is inherently harmful. Additionally, the modern abstinence movement reflects an enduring concept of children as asexual – casting sexuality outside of the realm of a child's normal development. This ignores about a century of psychological and psycho-analytic theory that confirms the importance of sexuality to children's growth.

Although I was unable to find a hard-line abstinence supporter to interview, I believe useful conclusions can be drawn and used to understand the weaknesses of abstinence as it affects the experiences and worldviews of those who encounter it.⁸⁶ Of the three students I interviewed, two had received abstinence or abstinence-plus education, and neither felt well served by their sex education. All three believed that their sex education imparted specific knowledge about the proper behavior of women in sexual matters. All three students were women, and they mentioned that they felt a greater responsibility to be proactive in avoiding the consequences of sex than men. This reflects a wider societal problem that is tied not just to abstinence, but that can also be reinforced by abstinence's attempt at moralizing. Placing more

⁸⁶ I acknowledge that the sample of interview subjects in this thesis is too small for the oral history to be representative, and also recognize my own potential weakness as an inexperienced interviewer.

responsibility on women to control their sexuality perpetuates a sexual double standard in which men (who clearly have less to lose by being sexual) are allowed greater sexual freedom than women. This double standard is harmful to men and women because it perpetuates sexism that devalues femininity and imposes restrictive roles on people of all genders. Responsible sex education should attempt to correct the tendency to frame sex as fun for men and frightening for women. Additionally, all three students mentioned the lack of instruction they received on LGBTQ+ issues in their sexuality education. This is unsurprising, given the Texas GOP's stance on homosexuality, but it still represents a significant erasure of an already marginalized group. Sexuality education in Texas (and regrettably in most other places) would more accurately be titled "heterosexuality education."

All three instructors of sex education I interviewed perceived their respective curricula as effective. All three believed that they were filling gaps in knowledge. They showed concern over the perceived ignorance of their students about sexuality. All three were frustrated by the small amount of time they could devote to sexuality education for their students, expressing a belief that the topic is incredibly wide-ranging and complex and that the brief time they are allowed forces them to condense and gloss over information they would like to share. Finally, several of them expressed concern over the low degree of preparation required of teachers entrusted with teaching sexuality education in many Texas public school classrooms. One of my interview subjects, a health teacher in his first year out of college, stated that he spent only a week studying to pass the exam that certified him to teach health in Texas. The barrier to entry is relatively low and there is practically no special training devoted to preparing instructors to teach this important and sensitive subject area to their students.

Recommendations

Abstinence-focused sex education does not work as well as comprehensive sex education at preventing the public health issues associated with adolescent sexuality. Additionally, abstinence-focused sex education can communicate harmful messages to young people that perpetuate gender stereotypes, fear and shame about sexuality, and the erasure of LGBTQ+ individuals from mainstream society.

Federal regulations should be altered to decrease or eliminate federal support for abstinence-only sex education. This could be accomplished by altering the language of Section 510(b) of Title V of the 1996 Welfare Act so that the definition of abstinence in the A-H guidelines is expanded to include abstinence-plus education as eligible for funding. This would not be a complete solution, but it would be a step in the right direction, as it would support sex education that includes accurate information about contraceptives. Even better, the pipeline for federal funding of abstinence-only sex education that Section 510(b) established should be eliminated altogether, and the funds that have been allocated for abstinence-only sex education should be used to fund comprehensive and abstinence-plus sex education.

In the current political climate, it is unlikely that these changes will happen. As such, Texas has the opportunity to effect change at a state level that would greatly improve the quality of sex education in the Lone Star State. First of all, Texas ought to model the pertinent parts of its education code after states with more comprehensive requirements. California is demographically similar to Texas and has a long history of requiring medically accurate, evidence-based, age-appropriate sex education throughout its public schools. California is also ahead of Texas in every metric used to determine the success of sex education. Using California

as a model would be beneficial to Texas students and to Texas taxpayers, as the reduction in teen pregnancies would lessen the burden on the state.

In the meantime, Texas could improve by enforcing oversight of sex education. A first step would be ensuring that School Health Advisory Councils are operating in every school district and providing recommendations to their school boards that reflect the concerns of the community they represent. Ideally, in most communities those concerns are in line with abstinence-plus or better yet comprehensive standards. In addition to this, all bodies that provide sexuality education in public schools in Texas should be required to undergo a curriculum audit at some regular interval, perhaps every 5 years. This audit should aim to identify curricula that spread misinformation, explicitly religious messages, or harmful stereotypes via sex education. When a curriculum fails the audit, some kind of punishment should be imposed to incentivize revision of the curriculum. This punishment could be the suspension of funding or a fine, or even the imposition of a state-approved sex education curriculum until the district is able to correct what is lacking.

This thesis provides a thorough understanding of how abstinence came to dominate sex education in the United States and in Texas particularly, in addition to illuminating some of the personal, qualitative effects that abstinence-focused sex education has on students and instructors. Sex education in Texas can appear bleak. The Texas GOP has decided to maintain imagined moral superiority over public health. However, a thorough understanding of how the current status quo came to be is invaluable in unseating it, and I hope that this research will be replicated to put pressure on the Texas legislature to cease its support of an outdated, overly-moralizing approach to sexuality education.

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Biography

Kenzie Stewart was born in San Antonio, Texas in 1996. The fifth of six siblings, she spent the first 10 years of her life moving very often due to her father's career in the Air Force. In 2006, her family settled in the small Hill Country town of Kerrville, where she stayed until she graduated from high school and moved to Austin to pursue degrees in Plan II Honors and Anthropology. During her time at UT, she spent a semester in Copenhagen, went on an anthropological dig in West Texas, and was very active in Plan II's theatre troupe, the Broccoli Project. After graduation, Kenzie plans to spend a year working in Austin before attending graduate school for nursing.